



Australian Government

HLTAHW018 Plan, implement and monitor health care in a primary health care context

Release: 2

HLTAHW018 Plan, implement and monitor health care in a primary health care context

Modification History

Release	Comments
Release 2	Updated: • assessor requirements statement • foundation skills lead in statement • licensing statement • modification history to reflect 2012 standards Equivalent outcome.
Release 1	This version was released in <i>HLT Health Training Package release 1.0</i> and meets the requirements of the 2012 Standards for Training Packages. Significant changes to elements and performance criteria. New evidence requirements for assessment, including volume and environment requirements

Application

This unit deals with the required skills and knowledge to plan, implement and monitor a range of health care services as a member of a multidisciplinary team working with Aboriginal and/or Torres Strait Islander communities.

Care plans are developed to address findings of clinical assessments, tests and procedures. Treatments as part of care plans include making referrals and development, implementation and evaluation of plans in line with legislative requirements and organisational protocols.

This unit applies to those Aboriginal and/or Torres Strait Islander Health Workers providing a range of primary health care services to Aboriginal and/or Torres Strait Islander clients and communities.

This unit does not cover the skills and knowledge to assess physical wellbeing – these are detailed in HLTAHW016 Assess client's physical wellbeing.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian/New Zealand standards and industry codes of practice.

Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

Elements define the essential outcomes of a unit of competency.

Performance criteria specify the level of performance needed to demonstrate achievement of the element.

1. Propose care plan

- 1.1 Access health assessment outcomes according to organisational procedures and policies
- 1.2 Identify specific aspects of health assessment to address in health care plan
- 1.3 Propose treatment as part of the care plan in accordance with policies and procedures
- 1.4 Develop the plan with primary health care team, using relevant standing orders and written care protocols
- 1.5 Clearly establish responsibilities for implementing the care plan
- 1.6 Document proposed health care plan in client's file in line with organisational policies and procedures

2. Communicate proposed health care plan to client

- 2.1 Use effective and culturally appropriate and safe communication skills to discuss the proposed care plan with clients and explain how it relates to their health assessment results
- 2.2 Provide client with information about each aspect of the proposed care plan and the rationale for its inclusion
- 2.3 Encourage the client to ask questions about the proposed care plan to support understanding and cooperation, and agreement
- 2.4 Explain self-management aspects of the proposed care plan
- 2.5 Consult with the primary health care team about any client-suggested changes to the proposed plan and adjust plan as appropriate
- 2.6 Document finalised plan according to organisational procedures and policies

3. Implement care plan

- 3.1 Refer clients as required to relevant health professionals in line with community, organisational and regulatory requirements
- 3.2 Conduct treatment in accordance with the care plan
- 3.3 Support client to take a self-care approach to implementation in line with individual, organisational and

ELEMENT

PERFORMANCE CRITERIA

Elements define the essential outcomes of a unit of competency.

Performance criteria specify the level of performance needed to demonstrate achievement of the element.

community requirements

3.4 Maintain current, complete, accurate and relevant records for each client contact

4. Provide information on healthy nutrition and lifestyle choices as part of the care plan

4.1 Provide accurate information regarding nutrition and lifestyle choices, and the impact of poor nutrition and lifestyle choices, including alcohol and smoking

4.2 Discuss risk factors relating to specific nutrition and lifestyle choices for the individual client in the context of their family, culture and local community

4.3 Provide information on early intervention and prevention practices to avoid disease caused by poor nutrition and lifestyle choices

4.4 Assist client to select an appropriate and varied diet in line with dietary guidelines and client needs

4.5 Develop strategies to assist individuals who have not exercised for some time to become more active

4.6 Offer brief interventions for smoking cessation

4.7 Establish patterns of alcohol consumption and offer brief interventions

4.8 Make appropriate referrals where required

5. Provide care and support for clients with chronic condition as part of the care plan

5.1 Provide information about the nature, incidence and potential impacts of chronic conditions in specific relation to the client's own health

5.2 Provide information on practices to manage chronic conditions to address identified individual needs

5.3 Provide practical advice relating to maintaining good health in relation to prevalent chronic conditions and in line with community needs and organisational guidelines

5.4 Explain and/or demonstrate practices for early detection of specific chronic conditions in line with organisational guidelines

5.5 Support clients to take a self-care approach to

ELEMENT

PERFORMANCE CRITERIA

Elements define the essential outcomes of a unit of competency.

Performance criteria specify the level of performance needed to demonstrate achievement of the element.

maintaining health

5.6 Make appropriate referrals for clients with chronic conditions in line with organisational guidelines

6. Monitor health care

6.1 Encourage clients and family/carer to maintain health by being actively involved in the care plan

6.2 Monitor client health in line with individual schedule and criteria incorporated in care plan

6.3 Reassess and review care plan as required where client fails to progress, in accordance with expectation

6.4 Ensure standing order/written care protocols underpin health assessment and management actions

6.5 Conduct health monitoring in accordance with organisational policies and procedures and occupational health and safety requirements

6.6 Organise follow-up care for clients with chronic conditions using computer and/or paper-based registers

6.7 Identify when clients are overdue for health care checks and employ active-recall strategies

7. Review effectiveness of health care

7.1 Gain feedback from the client and/or family or carer/s about their level of comfort and compliance with the health management regime

7.2 Determine degree of improvement of client's condition and compare with expectations outlined in health care plan

7.3 Provide client and/or family/carers with clear information about their level of improvement in relation to the health care plan and their level of compliance

7.4 Evaluate impact of ongoing health management in relation to the client's physical, mental and emotional condition and behaviour, in consultation with the primary health care team

Foundation Skills

The Foundation Skills describe those required skills (language, literacy, numeracy and employment skills) that are essential to performance.

- Numeracy
- in order to measure and administer medication
 - in order to use medical equipment, including peak flow meter, glucometer, scales and sphygmomanometer
 - in order to carry out care plan treatments, including immunisations, CPR and nebuliser administration

Other foundation skills essential to performance are explicit in the performance criteria of this unit.

Unit Mapping Information

No equivalent unit.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>

Assessment Requirements for HLTAHW018 Plan, implement and monitor health care in a primary health care context

Modification History

Release	Comments
Release 2	Updated: • assessor requirements statement • foundation skills lead in statement • licensing statement • modification history to reflect 2012 standards Equivalent outcome.
Release 1	This version was released in <i>HLT Health Training Package release 1.0</i> and meets the requirements of the 2012 Standards for Training Packages. Significant changes to elements and performance criteria. New evidence requirements for assessment, including volume and environment requirements

Performance Evidence

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role.

There must be evidence that the candidate has:

- developed a care plan for at least five clients, including:
 - using standing orders/written care protocols to underpin health care plans
 - consulting clients about proposed care plan
 - proposing and negotiating treatment with client, their family and/or community
 - establishing responsibilities for care plan implementation
 - documenting health care plan in client's file
 - referring clients as required and according to organisational procedures and policies
- communicated health information in plain language to at least five clients, including:
 - nutrition, lifestyle choices and chronic condition information
 - details on prevention practices
- explained and demonstrated early detection practices for specific chronic conditions on at least five separate occasions

- developed strategies and offered brief interventions to assist at least five clients
- implemented treatment according to care plans for at least five clients, including:
 - undertaking treatments within scope of own authority
 - using and maintaining medical equipment correctly
 - maintaining current, complete and accurate client records
 - supporting clients to take a self-care approach to implementing care plan
- monitored at least five clients with chronic conditions and organised follow-up care
- evaluated on at least five occasions:
 - outcomes of client's prescribed treatment/care plan
 - client's understanding of prescribed treatment/care plan
 - holistic impact of treatment on client's physical, mental and emotional condition and behaviour
 - overall effectiveness of the care plan.

Knowledge Evidence

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role.

This includes knowledge of:

- “Australian Guide to Healthy Eating” and the nutrients associated with each food group
- nutritional needs of people at different stages in the lifecycle, including pregnant and/or lactating women
- common nutrition-related diseases
- statistical incidence of diabetes, heart disease and kidney failure in Aboriginal and/or Torres Strait Islander populations compared to non-Aboriginal and/or Torres Strait Islander populations
- agencies able to provide support and assistance to Aboriginal and/or Torres Strait Islander people with chronic disabilities
- treatment and management of chronic conditions, including:
 - working in collaboration with clients, family and significant others to promote self-management as far as possible
 - medication
 - surgery
 - regular exercise
 - good nutrition
 - cessation of smoking
 - cessation or moderation of alcohol use
 - cessation of illicit drug use
- regular screenings for changes in disease presentation and detection of other diseases
- how to contact and access available health and support services in the region

- strategies that can assist Aboriginal and/or Torres Strait Islander people with disabilities to live fulfilling and productive life in the community
- methods of organising the care of clients with chronic conditions including:
 - disease registers
 - care plan schedules in medical files
 - tagging files
 - computerised client information
 - recall systems
- the value of the opportunistic approach to chronic condition surveillance (comprehensive check-ups as people come to the clinic)
- organisational policies, guidelines and procedures.

Assessment Conditions

Skills must be demonstrated working:

- in a health service or centre
- as part of a multidisciplinary primary health care team
- with Aboriginal and/or Torres Strait Islander clients and communities.

In addition, simulations and scenarios must be used where the full range of contexts and situations cannot be provided in the workplace or may occur only rarely. These are situations relating to emergency or unplanned procedures where assessment in these circumstances would be unsafe or is impractical.

Simulated assessment environments must simulate the real-life working environment where these skills and knowledge would be performed, with all the relevant equipment and resources of that working environment.

Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.

Assessment must be undertaken by a workplace assessor who has expertise in this unit of competency and who is:

an Aboriginal and/or Torres Strait Islander Health Worker or:

- accompanied by an Aboriginal and/or Torres Strait Islander person who is a recognised member of the community with experience in primary health care.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>